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## BIB DATA SHEET

CONFIRMATION NO. 7793

<b>SERIAL NUMBER</b> 10/657,516	<b>FILING or 371(c) DATE</b> 09/08/2003 <b>RULE</b>	<b>CLASS</b> 514	<b>GROUP ART UNIT</b> 1632	<b>ATTORNEY DOCKET NO.</b> 022956-0225
<b>APPLICANTS</b> Francois Binette, Weymouth, MA; Brooks J. Story, Franklin, MA;				
<b>** CONTINUING DATA *****</b> <span style="border: 1px solid black; padding: 2px;">OK/VB/ 01/15/2010</span>				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b> 11/26/2003				
Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Verified and <b>NALARIE E BERTOGLIO</b> Acknowledged <b>Examiner's Signature</b>	<input type="checkbox"/> Met after Allowance <b>MA</b>	<b>STATE OR COUNTRY</b> <b>MA</b>	<b>SHEETS DRAWINGS</b> <b>5</b>	<b>TOTAL CLAIMS</b> <b>47</b>
<b>INDEPENDENT CLAIMS</b> <b>4</b>				
<b>ADDRESS</b> NUTTER MCCLENNEN & FISH LLP SEAPORT WEST 155 SEAPORT BOULEVARD BOSTON, MA 02210-2604 UNITED STATES				
<b>TITLE</b> Chondrocyte therapeutic delivery system				
<b>FILING FEE RECEIVED</b> 1450	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	